

Postpartum Woman's Health and Diet Questions (Initial Certification)

Your name _____ / / Today's Date / / Your date of Birth

Question 1 a-c is optional. Your answer will be used for reporting purposes. If you do not answer, a selection will be made for you by the staff. This does not affect you receiving WIC benefits.

1. a. Are you Hispanic or Latino? ☐ Yes ☐ No
- b. Are you Arabic? ☐ Yes ☐ No
- c. Check (✓) all races that apply to you:

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American

☐ Native Hawaiian or other Pacific Islander
☐ White

Please answer the following questions. These questions are asked to see if you may be eligible for the WIC Program. Please check (✓) your answer or fill in the blank. All answers are confidential.

2. What was your weight just before you became pregnant with this baby? _____ CDC
(pounds)
3. What was your last weight before you gave birth? _____ CDC
(pounds)
4. When was your baby due? _____ month _____ day _____ year
5. When was your baby actually born? _____ month _____ day _____ year CDC
6. How many times have you been pregnant, **including this pregnancy**? _____
(Count any abortions, miscarriages or stillbirths)
7. How many pregnancies lasted more than 4 months? _____
8. How many live babies have you had? _____

9. Please check (✓) what is true about your **most recent pregnancy or delivery**.

☐ Premature delivery, 36 weeks gestation or less 311
☐ Low birth weight, infant 5 lbs. 8 oz. or less 313
☐ Miscarriage 321
☐ Infant died within first 28 days of life 321
☐ Infant was born with a birth defect 339+
☐ Infant born with spina bifida 339+
☐ Less than 18 years of age when I became pregnant 331

☐ Less than 16 months between end of last pregnancy and beginning of this one 332
☐ Less than 20 years of age when I became pregnant and had 3 or more previous pregnancies lasting 5 months or more 333
☐ Delivered twins or more 335
☐ Infant weighed 9 pounds or more
☐ C-Section (caesarian delivery) 359+

10. **Before this baby**, on what date did your last pregnancy end? (CDC)
(List date of last delivery, abortion, miscarriage or stillbirth) _____ month _____ day _____ year

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27. Please check (✓) which is true about your breastfeeding:

My breastfeeding experience is: ☐ Wonderful ☐ Good ☐ OK ☐ Difficult

☐ My family and friends support me ☐ I am over 40 years of age 602

☐ I am breastfeeding 2 children who are not twins 602

28. Do you have any concerns about your breast changes or breast health? ☐ No ☐ Yes

I have experienced or am experiencing:

☐ Breast engorgement 602

☐ Recurrent plugged ducts 602

☐ Mastitis 602

☐ Thrush

☐ Sore nipples 602

☐ Flat or inverted nipples 602

☐ My milk failed to come in within 4 days 602

☐ Other _____

29. Do you need information on expressing and storing milk? ☐ No ☐ Yes

30. I need help with a problem or question about breastfeeding. ☐ No ☐ Yes

If yes, please describe _____

31. Would you like information on how to return to work while breastfeeding? ☐ No ☐ Yes

ALCOHOL USE

32. During the last **three months of your pregnancy**, how many days each week or each month did you drink any alcoholic beverages on the average? (CDC)

Number of days each week _____ **OR** Number of days each month _____

33. During the last **three months of your pregnancy**, on the days when you drank, about how many alcoholic drinks did you have in an average week? (CDC)

A drink is: 1 shot of liquor, 1 can or bottle of wine cooler,
1 can or bottle of beer, 1 glass of wine, or 1 cocktail

Average number of drinks _____ **OR** No drinks _____

372

34. **Since your pregnancy ended**, how many days each week or each month did you drink any alcoholic drinks on average? (CDC)

Number of days each week _____ **OR** Number of days each month _____

372

35. **Since your pregnancy ended**, on the days when you drank, about how many drinks did you drink on the average? (CDC)

Average number of drinks _____ **OR** No drinks _____

372 (≥2)

36. Please check (✓) what is true about your drinking habits.

☐ I do not drink.

☐ I drink less than two alcoholic beverages per day.

☐ I drink two or more drinks per day. 372

☐ I drank 5 or more drinks in one day in the last month. 372

☐ I drank 5 or more drinks on 5 or more days in the last month. 372

Days last trimester

Drinks last trimester

Alcohol now days/week

Alcohol now drinks/day

TOBACCO USE

37. Do you smoke cigarettes, pipes or cigars? ☐ No ☐ Yes
371 (B only tobacco)
38. During the last **three months of your pregnancy**, how many cigarettes, pipes or cigars a day did you smoke? (20 cigarettes = 1 pack) (CDC)
Number per day _____ **OR** I did not smoke _____
39. On the average, about how many cigarettes, pipes or cigars do you smoke a day **now**? (CDC)
Number per day _____ **OR** I do not smoke _____
40. How have you changed your smoking habits during this pregnancy?
☐ I did not smoke (8) ☐ No change, tried to cut down but didn't (3)
☐ Stopped completely (2) ☐ No change, smoking the same (7)
☐ Cut down (1) ☐ I don't know (9)
☐ Started smoking (4)
41. Does anyone else living in your household smoke inside the home? ☐ No ☐ Yes
42. Would you like birth control or family planning information? ☐ No ☐ Yes
 ☐ Rather Not Answer

Cigarettes last trimester

Cigarettes now

Cigarettes change

DIET QUESTIONS

Your health:

What are your snacks and meals like:
(When, where, with who?)

What foods do you think you don't get enough of:

How do you feel about your weight:

What activities do you like to do:

How many meals do you eat most days? _____ How many snacks do you eat most days? _____

How many times do you drink milk in a day? _____

Is your appetite usually: Good _____ Fair _____ Poor _____

Are you on a special diet (prescribed by a doctor)? _____ 403+

How many times in a week do you eat Fast Food? _____

Do you eat or drink any of the following everyday or most days? (Check all that apply)

1. ____ Milk What kind _____
2. ____ Pop or other sweetened beverages
3. ____ Sweets or salty snacks
4. ____ Whole grains
5. ____ Fruits and vegetables

Do you eat or drink any of the following? (Check all that apply) 405

6. ____ Unpasteurized (raw) juice or milk
7. ____ Soft cheese (like feta, brie, camembert, blue or Mexican style cheese such as queso blanco, queso fresco or Panela unless labeled as made with pasteurized milk)
8. ____ Raw or undercooked (rare) meat, fish, poultry or eggs
9. ____ Raw sprouts or raw or undercooked tofu
10. ____ Refrigerated pate or meat spreads or refrigerated smoked seafood?
11. ____ Hot dogs, lunchmeats, and other deli meats not reheated to steaming hot

Do you? (Check all that apply)

12. ____ Eat a strict vegetarian diet 402+ or 403+
13. ____ Eat a low calorie/weight loss diet 403+
14. ____ Eat a low-carbohydrate, high protein diet (like Atkins, etc.) 403+
15. ____ Eat little food because of stomach surgery to lose weight 403+
16. ____ Regularly eat non-food items (ashes, carpet fibers, cigarettes or cigarette butts, clay, dust, foam rubber, paint chips, soil, laundry starch or corn starch) 421+
17. ____ Use herbal supplement remedies or teas (what kind _____)
423

Thank you for completing this form. Please let the staff know you are finished.

WIC STAFF USE ONLY

Biochemical Risk		Non-Smoking		Any Smoking Up to 19 cigarettes/day		Any Smoking 20 to 39 cigarettes/day		Smoking 40 or more cigarettes/day	
Code	Status	Hct. %	Hgb. gm	Hct. %	Hgb. gm	Hct. %	Hgb. gm	Hct. %	Hgb. gm
201	BN Postpartum 15 years	<36.0	<12.0	<37.0	<12.3	<38.0	<12.5	<38.0	<12.7
	BN Postpartum <15 years	<36.0	<11.8	<37.0	<12.1	<38.0	<12.3	<38.0	<12.5

WIC Anthropometric Risk			BMI Table for Determining Weight Classification for Non-Pregnant Women				
High Maternal Weight Gain*	112	Category C and D OVERWEIGHT	Height inches	A BMI <18.5	B BMI 18.5-24.9	C BMI 25.0-29.9	D BMI >30.0
133 Category A > 40#		Non-breastfeeding and breastfeeding women <6 months postpartum, pre-pregnancy BMI ≥25.	58	<89	89-118	119-142	>142
Category B > 35#			59	<92	92-123	124-147	>147
Category C > 25#			60	<95	95-127	128-152	>152
Category D > 15#	102	Category A UNDERWEIGHT	61	<98	98-131	132-157	>157
		Non-breastfeeding and breastfeeding women < 6 months postpartum, pre-pregnancy or current BMI < 18.5.	62	<101	101-135	136-163	>163
*Based on prepregnancy BMI			63	<105	105-140	141-168	>168
			64	<108	108-144	145-173	>173
			65	<111	111-149	150-179	>179
			66	<115	115-154	155-185	>185
			67	<118	118-158	159-190	>190
			68	<122	122-163	164-196	>196
			69	<125	125-168	169-202	>202
			70	<129	129-173	174-208	>208
			71	<133	133-178	179-214	>214
			72	<137	137-183	184-220	>220
			*Based on Body Mass Index Estimates				

Referral Codes:

- ☐ 01 EPSDT
- ☐ 02 Family Planning
- ☐ 03 Infant Support Services
- ☐ 04 Maternal Support Services
- ☐ 05 Hearing Screening
- ☐ 06 Vision Screening
- ☐ 07 Public Health Nursing
- ☐ 08 Children's Special Health Care Services
- ☐ 09 Food Stamps/Cash Out
- ☐ 10 Family Independence Agency
- ☐ 11 Medicaid
- ☐ 12 Preventive/Protective Services
- ☐ 13 MSU Extension
- ☐ 14 Intermediate School District
- ☐ 15 Substance Abuse Counseling/Treatment
- ☐ 16 Dental
- ☐ 17 Private Physician
- ☐ 18 Registered Dietitian-WIC
- ☐ 19 Registered Dietitian-Non-WIC
- ☐ 20 STD Clinic
- ☐ 21 Well Child Clinic
- ☐ 22 Com. Mental Health & Mental Health Serv.
- ☐ 23 Healthy Kids (MICH-CARE)
- ☐ 24 Prenatal clinic
- ☐ 25 Head Start
- ☐ 26 CSFP/Focus: HOPE
- ☐ 27 Emergency Food Pantry/ Programs & TEFAP

- ☐ 28 Non-Food Emergency Services
- ☐ 29 Job Training Employment
- ☐ 30 Migrant Services
- ☐ 31 Parenting Classes
- ☐ 32 Lactation Specialist
- ☐ 33 Breastfeeding Peer Support-LLL
- ☐ 34 Early On
- ☐ 35 Legal Aid
- ☐ 36 Environmental Health
- ☐ 37 Lead Screening
- ☐ 38 MI Child
- ☐ 39 Prenatal Enrollment/Coordination Program
- ☐ 40 Immunization Assessment w/ Card
- ☐ 41 Immunization Assessment-No Card
- ☐ 42 Immunization Card-No Assessment
- ☐ 43 No Immunization Card-No Assessment
- ☐ 44 Vaccinated in WIC
- ☐ 45 Immunization Referral-Local Imm. Clinic
- ☐ 46 Immunization Referral-Doctor
- ☐ 47 No Immunization Needed
- ☐ 50 New Voter Registration
- ☐ 51 Voter Changed Address
- ☐ 52 Voter Registration Declined
- ☐ 53 Voter Mailed Form
- ☐ 59 Social Worker
- ☐ 60 Healthy Start

- ☐ 61 Summer Feeding Program
- ☐ 62 Child Support Services
- ☐ 63 Smoking Cessation
- ☐ 64 Project FRESH
- ☐ 65 Women's Shelter/Resource
- ☐ 66 Strong Families/Safe Children
- ☐ 67 Maternity Outpatient Med. Serv. Prog. (MOMS)
- ☐ 95 _____
- ☐ 96 _____
- ☐ 97 _____
- ☐ 98 _____
- ☐ 99 _____

CPA Notes Nutrition Education Plan:

The following breastfeeding information was provided:

- ☐ Pamphlets
- ☐ BF classes
- ☐ Support Group
- ☐ BFI/LLL/LC
- ☐ Referrals
- ☐ Breast pump Education
- ☐ Other: _____

CPA Signature _____ Date _____

